



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0059

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$135243101
Outpatient Patient Service Revenue	\$210588514
Total Gross Patient Service Revenue	\$345831615

2. Deductions From Revenue

Contractual Allowance	\$188769029
Other Deductions	\$-1686983
Total Deductions	\$187082046

3. Total Operating Revenue

Net Patient Service Revenue	\$158749569
Other Operating Revenue	\$10725590
Total Operating Revenue	\$169475159

4. Operating Expenses

Salaries and Wages	\$64420713	Employee Benefits	\$12658479
Depreciation and Amortization	\$10134871	Interest Expense	\$1705288
Bad Debt	\$11588388	Other Expenses	\$68692098
Total Operating Expenses	\$169199837		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$275322	Total Assets	\$186173864
Net Non-operating Gains over Loss	\$3993104	Total Liabilities	\$68013557
Total Net Gains	\$4268426		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$155624227	\$84946063	\$70678164
Medicaid	\$76082956	\$41529186	\$34553770
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$114124433	\$62293780	\$51830653
Total	\$345831616	\$188769029	\$157062587

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$799693	\$143212	\$656481

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$58699	\$-58699
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	45
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$7498691
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3490000	
HCI Payments	\$0		
Subtotal	\$0	\$3490000	\$-3490000
Medicaid Shortfalls	\$9645728	\$10734081	
Subtotal	\$9645728	\$14224081	\$-4578353
DSH Payments	\$2,277,665		
Subtotal	\$11923393	\$14224081	\$-2300688
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$11923393	\$14224081	\$-2300688

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$41468	\$51078	\$-9610
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$346357	\$-346357
Other Allocations	\$0	\$0	\$0